STATE OF MARYLAND 1 PLACE OF DEATH Very CERTIFICATE OF DEATH PHYSICIANS Shoul Registered No Ilf death occurred in .....Ward) a hospital or institution. RECORD give its NAME instead ot street and number. 1 \* FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT 16 DATE OF DEATH S SINGLE. 4 COLOR OR RACE MARRIED. 191.3 WIDOWED. DNIONIB (Month) (Day) (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from classified. (Day) (Year) (Month) be If LESS than TAGE and that death occurred on the date stated above, at t day ......hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? properly BOCCUPATION le3 (a) Trade, profession, or particular kind of work (b) General nature of Industry, supplied. be business, or establishment in UNFADING may which employed (or employer) Contributory certificate. BIRTHPLACE ES (Secondary) (State or country) that it 10 NAME OF FATHER 20 10 back 11 BIRTHPLACE (Address) terms. Z OF FATHER (State or country) pinous \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT Ш CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENuo AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions ormation 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE 2 At place In the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... EATH State Where was disease contracted. 14 THE ABOVE IS If not at place of death? 0 0 Former or item FO usual residence Every item CAUSE OF Important. DATE OF BURIAL (Address) 1.5 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. dutles of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can he known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, (d) Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., dent; Revolver reound of head-homicide; Poisoned childbirth or miscarriage, as "Purnpenal septicharcause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," cause of death approved by Committee on Nomencia "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," "Heart fallure," "Haemorrhage," "Inanition," "Maras. genltal," "Collapse." "Coma," "Convulsions," "Dehility" ("Con thenla." "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.: affection need not he stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough: Chronic oma. Sarcoma. etc., of ... Is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may he stated under the head "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," etc. State cause for (name origin: "Can-Examples: For vio-

pinous OCCUPATION PHYSICIANS RECORD 0 statement PERMANENT EXACTLY BINDING Exact tated classified. ğ D FOR properly ESERVED supplied. UNFADING may certificat that 0 0 MARGIN of WITH terms, n back should PLAINLY plain lons o Ξ Instruct I DEATI WRITE Jo Item 10 mportant. CAUSE

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PLACE OF DEATH STATE OF MARYLAND 789 CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in .Ward) a hospital or Institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS S SINGLE. 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED, WIDOWEO. (Month) (Day) ORDIVORCEO Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than 1 day,....hrs. OR ..... 7 BOCCUPATION (a) Frade, profession, or (b) General nature of industry. business, or establishment in ..... (Duration) which employed (or employer) ..... Contributory. BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Lord 13 BIRTHPLACE At place OF MOTHER (State or country State usual residence. 19 PLACE OF DATE OF BURIAL (Address) 15 20 UNDERTAKER DDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. been changed or given up on account of the disease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc., Carcinbosis of lungs, meninges, peritonaeum, etc., Carcinbosis of lungs, meninges, peritonaeum, etc., Carcinbosis

childbirth or miscarriage, as "Purreral septichae-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJUSY and qualify as cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Ohronio oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-For VIO-

2 FULL NAME PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH	eath occurred l
PERSONAL AND STATISTICAL PARTICULARS  BIVE ISSUED STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH	
	NAME Insteat and number.]
SSEX  4 COLOR OR RACE  WARRIED, WIDDWED, ORDIVDREED  (Write the word)  8 DATE OF BIRTH  18 DATE OF DEATH  (Month)  (Day)  17 I HEREBY CERTIFY, That I attended de	(Year)
(Month) (Day) (Year)  Tage  If LESS than 1 day,hrs. ORmin.? The CAUSE OF DEATH* was as follows:	191 Cm
9 BIRTHPLACE (State or country) (Secondary)	nos. 7 ds.
(Signed)  (Signe	ACCIDEN-
OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  15 the of death yrs. mos. ds. State yrs. 17 mos. ds. State yrs. 18 mos. ds. State yrs. 19 m	
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[Approved by U. S. Census and American Public Health
Association.]

of persons engaged in domestic service for wages, as fication, as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ili-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. it should he used only when needed. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing drath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia unquaitifed, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis

cause of death approved by Committee on Nomencia scpsis, tetanus) may be stated under the head such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childhirth or miscarriage, as "Purrereal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasics (disease causing death), 29 cer" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) "Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras. "Coliapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms) : Heastes; Whooping cough; Chronio oma. Sarcoma. etc., of The contributory Aiways qualify ail diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can Examples :

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1 PLACE OF DEATH

### STATE OF MARYLAND

Vi	"FULL NAME John N Bu	Registered No.  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	My Color or race Single, Millowed, White the word)	18 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 D	(Month) (Day) (Year)	that I last saw him alive on 1,1913.
TAG	## 1 t LESS than 1 day,	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) par (b) busi	Trade, protession, or ticular kind of work	Deplie ingretign  (Duration) yrs. mos. ts.
9 81 (St	10 NAME OF	Contributory (Secondary)  (Direction)  (Direction)  (Direction)  (Direction)  (Direction)
IT SIRTHPLACE (State or country)  13 SIRTHPLACE OF MOTHER (State or country)  14  15 MAIDEN NAME OF MOTHER (State or country)  16  17  18  18  19  19  19  10  10  10  11  11  11  11		(Signed) , M. D
		State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
		18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
	Informant).	Where was diseasn contracted, If not at place of death? Former or usual residence
15	(Address) Griol Mis	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1913
File	Jan 10ch 1913 Jonnich	20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. statement. (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But ln many applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (8)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) injury, as fracture of skuil, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage, as "Turnperal scptichacby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Contbenia." "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Mcasles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails. mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis. oma. Sarcoma. etc., of ... Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from may be stated under the bead of (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples:

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	PLACE OF DEATH	STATE OF MARYLAND
	. Druis, t	CERTIFICATE OF DEATH
G	ounty Atmers of	Registration Dist, No. 267
V	Illage or City Dune Lunder (No. 18+2 mg	St.; Ward)  [It death occurred I a hospital or institution give its MAME lostea of street and number.]
-	* FULL NAME	11
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	WIDOWED, Williams of	(Month) (Day) (Year)
700	ORDIVORCED (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
8 D	ATE OF BIRTH	aug 24 1912 to Jaw. 15, 1913
	Not Transacta,	that I last saw home alive on Jacobs 1913
7 A	(Month) (Day) (Year)	100
	1 day, hrs.	and that death occurred on the date stated above, atm The CAUSE OF DEATH* was as follows:
6	Wout By yrs. mos. ds. OR. mlo.?	Tube - Calles -
	CCUPATION Trade profession of	A CONTRACTOR OF THE CONTRACTOR
	) Frade, profession, or Mex Chaut rticular kind of work	* ¥
(b) General nature of Industry,		indefull.
	iness, or establishment in ich employer)	(Duration) yrş/ mos ds
9 B	IRTHPLACE tate or country)	(Secondary)
,,,	comment to,	(Deration) yrs mos ds
	10 NAME OF CALL BOOM AND	(Signed) S. J. Mudson N. D.
	The same is in the same	Jan 16 by Frances 1. 2116.
ARENTS	11 BIRTHPLACÉ OF FATHER (State or country)	(NUI 000)
Ä	12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
PAF	OF MOTHER MANY STRUCK	
	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place  In the
	(State or country)	of death yrs mos ds. State yrs mos ds
14-	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	Informant, Monnie Hues	Former or usual residence
	mount July	19 PLACE OF BURIAL OR REMOVAL Q DATE OF BURIAL
15	(Address)	Sames Quarter, med Jan 117, 1913
	led Jan, 16 1913 M. S. Kelly	20 UNDERTAKER ADDRESS
Fil	led REGISTRAR	L. G. rubster bule well,

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

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Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

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S. No. 1.

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N. B.—Every item of information should be oarefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

VIIIage or City Phiers Chim No.	STATE OF MARYLAND  CERTIFICATE OF DEATH  Registered No.  [If death occurred is a hospital or institution give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)  6 DATE OF BIRTH	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY. That I attended deceased from 191
(Month) (Day) (Year)  7 AGE   If LESS than   1 day,hrs.   0 cmmin.?	and that death occurred on the date stated above, at
SOCCUPATION  (a) Trade, profession, or particular kind of work	Contributory Was ken Il quie Prot.  (Beratlon) yrs mos ds  (Secondary) (Secondary) gris mos ds
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	(Signed) , M. B.    1 2 3
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs, mos, ds, State yrs, mos, ds. Where was disease contracted, if not at place of death? Former or usual residence
(Address) Fruis Cerus hel 16. Filed Jan 23., 1913 Thurch REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  PROPERTY AND 1913  20 UNDERTAKER  ADDRESS  Property August A

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[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. it should he used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. minc, etc. material worked on may form part of the second Civil engincer, Stationary fireman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first ilne will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can he known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia. "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purerenal septichaccause. Always qualify all diseases resuiting from etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "lleart failure," "Haemorrhage," "Inanition," "Marasgenitai," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailg-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can Examples: For vio-

PHAGE OF DEATH	STATE OF MARYLAND
8 26 784	CERTIFICATE OF DEATH
Gounty Comments	Registered No.262
Village or City Morion (No	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead
FULL HAME MM Y. Fasher	of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH  27, 1913  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH	Jan 77, 1913, to Jan 77, 1913, that I last saw h == alive on 2 7, 1913
7 AGE (Month) (Day) (Year)  7 AGE   If LESS than   f day,hrs.   ORmin. ?	and that death occurred on the date stated above, at
e OCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)	(Doration) yrs. mos. 2 ds.
BIRTHPLACE (State or country) Maconico Co,	Gontributory (Secondary) (Duration) yrs mos ds.
10 NAME OF FATHER Thos Fletcher  11 BIRTHPLACE (State Or Country)  12 MAIDEN NAME OF MOTHER Sallie Gosley	(Signed)
of Mother Sallie Tosley  13 BIRTHPLACE OF MOTHER (State or country)  Md	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs mos ds.
Informant) £ £, Theles	Where was disease contracted, If not at piace of death?  Former or usual residence
Filed / 27, 1913 F. J. Calaura  REGISTRAR	DATE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BU
	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who receive a definite salary), may be entered as material worked on may form part of the second tion is very important, so that the relative healthfui-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis

cause of death approved by Committee on Nomencla "Contributory." mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Pursperal septicharample: Meastes (disease causing death), 29 nant neoplasms); Heasles; Whooping cough; Chronio ture of the American Medicai Association.) sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver recound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from "Senile." etc.), "Dropsy," may be stated under the head of (Recommendations on statement of or Homicidal, or as probably (secondary or intercurrent) (name origin; "Can-"Exhaustion," Examples:

Very OCCUPATION PHYSICIANS statement classified. pinous properly AGE supplied. may certificate. that 50 back terms, should piain instructions Information = DEATH See Jo

RECORD RMANENT ⋖ ADING OF Important. L CAUSI

9 BIRTHPLACE (State or country)

S

ARENT

15

m

10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country)

OF MOTHER

OF MOTHER (State or country)

12 MAIDEN NAME

13 BIRTHPLACE

795 STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County Somest Registration Dist. No. St:....Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDDWED. ORDIVORCED Write the word) 6 DATE OF BIRTH (Year) (Month) (Day) 7 AGE It LESS than 1 day ..... hrs. OR ..... min. ? 8 OCCUPATION (a) Frade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) -----

I HEREBY CERTIFY, That I attended deceased from that I last saw h\_\_\_\_\_allve on \_\_\_\_\_\_, 191\_\_\_\_ and that death occurred on the date stated above, at. (Duration) \_\_\_\_\_yrs\_\_\_\_ (Secondary) (Address) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

In the

Where was disease contracted, It oot at place of death?-Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

\_\_\_\_\_ yrs. \_\_\_\_ ds.

DATE OF BURIAL

State ...... yrs, \_\_\_\_ mos. ..... ds.

It death occurred to

a hospital or Institution,

give its NAME Instead of street and number. I

20 UNDERTAKER

At place

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as mine, etc. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulthe nature of the business or industry; and therefore an For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: "Hart fallure," "Haemorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. State cause for cbildbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritia nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of \_\_ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (disease causing "Dropsy," "Exhaustion, (name origin; "Candeath), 29

BINDING FOR RESERVED MARGIN

Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate. RECORD PERMANENT 4 S THIS UNFADING INK-WITH WRITE PLAINLY,

N. B.

state

Village or City Deal's Vald, 711/2, (No. 92	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 268  St; Ward)  [if death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOROR RACE SHINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Menth) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	Jan 154 1913, to Jan. 24, 1913.
7 AGE (Month) (Day) (Year)  1 If LESS than 1 day,hrs. 2 yrs. mos. ds. ORmin.?	and that death occurred on the date stated above, at
BOCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in School Grade  BIRTHPLACE (State or country)	(Duration) - yrs mos 21 6.  Contributory (Secondary)
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER	(Signed) V.C. allegaer, M. D. Jan 25, 1913 (Rodress) OEals 2000
OFFATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  Address Peal Island  Filed Jay 26, 1913 Lev 13 Vorcus  REGISTRAR	Where was disease contracted, If not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  Le als Island Margan 26, 1913.  2D UNDERJAKER  ADDRESS  ADDRESS  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health Association.]

. Housewife, Housework, or At Home, and children, not cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers (a) Spinner, (b) Cotton mill; (a) Salesman, additional liue is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write None. gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Never material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. It should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the return "Laborer," "Foreman," As examples:

Statement of cause of death--Name, first, the disease causing death--Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoses

Injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal scptichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senlle," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemla" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .... Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," (name orlgin; "Can State cause for Never report Examples:

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

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Cor	inty Formarses	CERTIFICATE OF DEATH
000	<b>N</b> .	Registration Dist. No. 264
Vil	2 FULL NAME Layer Hal	St.; Ward)  [It death occurred is a hospital or institution give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX		16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 DA	About Stewer 1.	that I last saw h allye on 191
7 AGE	1 dayhrs.	and that death occurred on the date stated above, atm  The CAUSE OF DEATH* was as follows:
(a) T parti (b) & busing which	cupation rade, profession, or  vocate bloods cular kind of work  deneral nature of industry, ess, or establishment in a employed (or employer)  THPLACE te or country)	(Ouration) yrs. mos. ds  Contributory (Secondary)
	10 NAME OF FATHER CASSISS Waters  11 BIRTHPLACE OF FATHER (State or country) Superior Country	(Signed) Twosh Cauchon , M. (Signed) Twosh Cauchon , M. (Address) Death or, in deaths from Violent
PAR	12 MAIDEN NAME OF MOTHER OTTES Waters  13 BIRTHPLACE OF MOTHER (State or country borrows of Causes)	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTAL)  At place In the of death
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  INTORMAN Schround V. Waters	of death
15 File	Jarry 21, 191 3 Phoslo, Lundon  REGISTRAR  W more blanks are needed, address State Regis trar, 6	19 PLACE OF BURIAL OR REMOVAL  Church Countary Farm, 7 1913  20 UNDERTAKER  Verbert Wilson up. Farmons

797

1 PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or indust 1: and therefore an tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has minc, etc. statement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," "Foreman," As examples: For persons (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Deeumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. which surgical operation was undertaken. For vio childbirth or miscarriage, as "Tuesperal scotichaeetc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medicai Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "Tuerperal peritonitis," etc. "Old Age," "Shock." 'Traemia," "Weakness," Aiways qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," ... (name origin; "Candeath), 29 ds.: State cause for Examples: 01

BINDING a

PHYSICIANS RECORD PERMANEN shoul AGE Z supplied. ADING terms, Should information DEATH 10 Item OF

### PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County.... Registration Dist. No CCUPATION Ilf death occurred in St:....Ward) a hospital or institution. give its NAME lostead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDDWED. (Month) (Day) (Year) (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than 1 day, ....hrs. OR ..... min. ? ds. BOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) ..... may certificate. BIRTHPLACE (Secondary) (State or country) that 10 NAME OF FATHER (Signed) 80 00 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE 5 At place in the OF MOTHER of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. (State or country State ...... yrs, \_\_\_\_ mos. Where was disease contracted, 14 THE ABOVE IS TRUE TO TH If oot al place of death? Former or usual residence. mportant. Every Ite 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS m REGISTRAR 1f more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) tion is very important, so that the relative kealthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Kervant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer—Coal material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpersal scotichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Collapse." "Coma," "Convuisions," "Debility" ("Contbenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstittal nephritis oma. Sarcoma. etc., of \_ ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. -Heart failure," "Haemorrhage," "Inanition," "Maras nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Never report Examples: For vic-

RESERVED FOR BINDING MARGIN

Y. B. No. 1.

N. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

	PLACE OF DEATH 799	STATE OF MARYLAND
C	ounty Jonner of	CERTIFICATE OF DEATH
v	Illage or City Orincer ans (No.	Registered No
-	FULL NAME Acute fames	130/TEQ)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	exact Color or RACE 5 single, Mingle wisowed, wisowed, without (Write the word)	16 DATE OF DEATH August 1913.  (Month) (Day) (Year)  170 I HEREBY CERTIFY, That I attended deceased from
6 D	(Month) (Day) (Year)	that I last new h & allve on face 8 , 1913.
7 A	GE If LESS than 1 day,	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a pa	CCUPATION ) Trade, profession, or rificular kind of work	Caldia ed Lift for state a
bus	General nature of industry, iness, or establishment to ch employed (or employer)  IRTHPLACE tate or country)	(Duration) yrs. mos, 4 ds.  Contributory Octdeac Delayation
(5)	10 NAME OF FATHER LEMANS Lames	(Signed) Cas to tour word, is 0.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Somewhat & May 12 Maiden Name	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
PA	13 BIRTHPLACE OF MOTHER (State or country) Jomes of Co Jud	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
	Informant, Jack dy Inles	Where was disease contracted, If not at place of death?  Former or usual residence.
15 File	Address Frillees aliene Mal ed Jan. 18, 1913 J. S. Stuthe REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER  ADDRESS  ALLES  P. ALLES
u-de-	if more hlanks are needed, address State Registra:	r, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cases, especially in industrial employments, it is nection is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, It should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples "Foreman," 9

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tudercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla. scpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "Tuerperal peritonitis," etc. State cause for chlidblrth or miscarriage, as "PUERPERAL scpticharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanitlon," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms) : Measles; Whooping cough : Chronio cer" is icss definite; avoid use of "Tumor" for maily oma. Sarcoma. etc., of . ture of the American Medical Association.) Injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Ohronic interstitial nephritis The contributory (secondary or intercurrent) Aiways qualify ail diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," \_\_ (name origin : "Oan Examples:

### OCCUPATION properly may 50 pisin Instructions OF

PHYSICIANS supplied Item mportant. CAUSE

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in ......Ward) a hospital or institution. give its NAME instead of street and comber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. (Month) (Write the word) 6 DATE OF BIRTH (Year) (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above. 1 day,....hrs. The CAUSE OF DEATH \* was as follows: BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. 20 business, or establishment in which omployed (or employer) 9 BIRTHPLACE Contributory (Secondary (State or country) 10 NAME O (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ... State Where was disease contracted. If not at place of death? Former or usual residence DATE OF BURIAL 15 20 UNDERT ADDRESS Filed. REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative wealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. (a) Spinner, the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," If the occupation has As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PURRPERAL septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Hart failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As ample: Mcastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chrowin ter" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can State cause for Examples: For VIO-

801 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County OCCUPATION IS Registration Dist. No. Ilf death occurred la a hospital or lostitution, RECORD give its NAME lostead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERMANENT the word) That I attended deceased from (Year) (Month) (Day) TAGE M LESS tha BOCCUPATION (a) Frade, projestion or particular kied of work.... (b) General nature of industry, business, or establishment in (Doration) which employed (or employer) (Secondary) 11 BIRTHPLACE ARENT \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDEN-12 MAIDEN NAM TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER State mos. ..... Where was disease contracted. If not at place of death? Former or usuai residence 19 PLACE OF BURIAL OR REMOVAL BATE OF BURIAL 15 emelare 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, C E. Franklin St., Balto., Requesting V. S. No. 1

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CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the statement. cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISTAGE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Never return "Laborer," "Foreman," As examples: For persons (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinosis of lungs, meninges, peritonaeum, etc...

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH merse County... Registration Dist. No fif death occurred in St:.....Ward) a hospital or institution, give its NAME instead of street and number. ] <sup>2</sup> FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWEO. (Month) (Day) OROIVORCES (Write the word) I HEREBY CERTIFY, That I sttended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day ..... hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) certifica 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, Instruction OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death. State (State or country .. yrs. ..... mos. .... Where was disease contracted. If not at place of death? Former or Item E OF usual residence mportant. BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 ADDRESS ( Filed. If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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cause of death approved by Committee on Nomencia "Contributory." scpsis, tetanus) dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purreraal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms) : Measles; Whooping cough: Chronio oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," may be stated under the head of (Recommendations on statement of (name origin; "Can-Examples:

FOR
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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

7. B. No. 1.

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804

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)

[It death occurred in a hospital or institution, give its NAME instead ot street and number.]

FULL NAME Meany Mells	<u> </u>
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH SUN / Sun / (Month) (Day) (Year)	that I last saw h. 1. alive on
7 AGE  2 6 yrs. 4 mos. 7 ds. 0R min. ?	and that death occurred on the date stated above, at
OCCUPATION (a) Frade, prefession, or particular kind of work	Pulmonary Tulesculasis
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs 6 mos ds.
9 BIRTHPLACE (State or country) Somuest lo.	(Secondary)  (Opration)  (Opration)  (Opration)
10 NAME OF James Barres	(Signed) G. W. Gill , M. D.
11 BIRTHPLACE OF FATHER (State or country) Somust Co.	*State the DISEASE CAUSING DEATH, OR, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
of Mother Alice Barnes	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSFERS
13 BIRTHPLACE OF MOTHER (State or country)  Somewhat Co.	At place in the ot death yrs mos ds. State yrs mos ds.
(Informant) David Miles	Where was disease contracted, It not at place of death?  Former or usual residence.
(Address) Mandem, Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Manallo 1912
Filed Jan 16 15, 1913 J. E. Dickinson	2º UNDERTAKER ADDRESS
	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. Houscwife, Housework, or At Home, and children, not mine, etc. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinoses

LENT DEATHS state MEANS OF INJURY and qualify as sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of \_\_ "Contributory." Accidental drowning; Struck by railway train-acci-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails. The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent "Dropsy," ... (name origin; "Candeath), 29 State cause for "Exhaustion," Never report For VIO-

MARGIN RESERVED FOR BINDING

si NOI OCCUPATION PHYSICIANS RECORD 0 ERMANENT classifled. D properly pe supplied. may certificate. of terms, pinous plain Instructions = of Inford Item Every Item CAUSE OF Important.

0

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occorred in St.:....Ward) a hospital or Institution, give its NAME lestead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS S SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE 3 SEX MARRIED. WHOOMED, (Dav) Write the word 1 HEREBY CERTIFY, That I attended deceased from STATE OF BIRTH (Day) (Year) (Month) TAGE If LESS than and that death occurred on the date stated above, at 1 day ..... hrs. The CAUSE OF DEATH\* was as follows: OR ..... mio. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment to which employed (or employer) ...... Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE (Address) PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ...... yrs. \_\_\_\_ mos. ..... ds. Where was disease contracted. If not at place of death? Former or osual residence DATE OF BURIAL (Address) ..... 15 20 UNBERTAKER ADDRESS RECISTRAR If more blanks are needed, address State Registrar, 6 E. Frankfin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ilishould be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has "Foreman," 9

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthoria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia,"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," anqualified, is indefinite); Tubercutoris of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "PURRPERAL septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," affection need not be stated unless important. cause of death approved by Committee on Nomencia. sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUEEPERAL peritonitis," etc. State cause for "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcasles (disease causing death), 29 ds. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of ... ture of the American Medical Association.) "Contributory." -Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) - (name origin; "Can Examples:

BINDING FOR RESERVED MARGIN

V. S. No. 1.

N. B.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Confully (No	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 2 65  [If death occurred is a hospital or lostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, MOOWED WIDOWED (Write the word)	(Month) (Day) (Year)
GDATE OF BIRTH Man 8 1825	-7m-29, 1912, to July 9, 1913,
(Month) (Day) (Year)	that I last saw h alive on 1917
TAGE    If LESS than   1 day,hrs. ormin.?	and that death occurred on the date stated above, at m, The CAUSE OF DEATH+ was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Paralyses (Secondary)
10 NAME OF Thomas Helson	(Signed) (Duration) yrs mos LO ds. (Signed) Fiftel , M. D.
11 BIRTHPLACE OF FATHER (State or country) Somosel (d.)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Oserfield The	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs,
(Informant). The BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Courfield  Filed Grand 1943 Collins REGISTRAR	Jamely lot or lewelling Jan. 12. 1913.  20 UNDERTAKER LAWSON, Crispeld, Md.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 14

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc., Carcin-

genit childbirth or miscarriage, as "Purperal septichaemus," B: Hture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Collapse" "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiesms); Measles; Whooping cough; Chrowin "Contributory." dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "Aster" is icss definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from old Age," "Shock," "Uraemia," "Weakness," re," "Haemorrhage," "Inanition," "Marassenile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head (secondary or intercurrent) (name origin; "Can State cause for Examples:

**EMANENT** PE INK O

RECORD

1 PLACE OF DEATH OCCUPATION Registered No PHYSICIANS St: .Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS EXACTLY 16 DATE OF DEATH 4 COLOR OR RACE 3 SEX MARRIED. WIDOWED, (Month) (Write the word) 6 DATE OF BIRTH classified. (Month) (Day) TAGE If LESS than and that death occurred on the date stated above, a pinous 1 day .....hrs. was as follows: 10 ds. properly BOCCUPATION 5 (a) Trade, profession, or 4 particular kind of work. (b) General nature of Industry, pe business, or establishment in (Duration) wrs. mos. may which employed (or employer) ..... Contributory. certificate. State or country) (Secondary) carefully that (Duration) /2 yrs 10 NAME OF 9 o back (Address) terms. ARENT OF FATHER (State or country) pinous CO 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. piain OF MOTHER Instructions Information OR RECENT RESIDENTS) 13 BIRTHPLACE = At place OF MOTHER (State or country) DEATH 14 THE ABOVE IS TRUE T It not at place of death? of PO Item usual residence Important. ACE OF BURIAL OR REMOVAL CAUSE DATE OF BURIAL 15 20 UNDERTAKER 0 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

[It death occurred in a hospital or lostitution, give its NAME lostead et street and number. 1

CERTIFY. That I attended deceased from ahaul

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

State // yrs. 6 mos. / Ode

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every persou, irrespective of age. tion is very important, so that the relative healthfulmine, etc. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," 6

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcinbosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skuii, and consequences (e. g., childbirth or miscarriage, as "Purarenal septichaccause. Aiways qualify all diseases resulting from ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligmere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of ... The coutributory (secondary or Intercurrent) tctanus) may be stated under the head (Recommendations on statement of (name origin; "Can-State cause for Examples: For vio-

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Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT INK-THIS UNFADING PLAINLY, WITH WRITE

808 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH
Registration Dist. No. 268 County Domerses

Village or City Deals I laid (No. 91)	St.; Ward)  [If death occurred in a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDIGAL CERTIFICATE OF DEATH
Female Color or RACE 5 SINGL, MARRIED, WIDOWED, ORDIVORCED (Write the word)  6 DATE OF BIRTH	16 DATE OF DEATH    Au
(Month) (Day) (Year)	that I last saw hallve on
7 AGE If LESS than t day,hrs. ormin.?	and that death occurred on the date stated above, at 3 m, The CAUSE OF DEATH * was as follows:  New York Westiness
B OCCUPATION (a) Trada, profession, or particular kind of work	(Suberestis, (Brobely)
(b) General nature of Industry, business, or establishment in which employed (or employer)	ds.
9 BIRTHPLACE (State or country) Eple Sland  10 NAME OF FATHER Corl Robinson	(Signed) Les 13 Matrier   Condition   Signed   Court   Coronor   Court   Coronor   Court   Cou
OF FATHER (State or country) Each Slaud Md  12 Maiden Name of Mother Da	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country Deal Solution)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds.
laterment, College Col	Where was disease contracted, If not at place ot death?  Former or usual residence
(Address) Est Strug Mis	Deals Stand PATE OF BURIAL
Filed Jou 26, 1913 GeoBS former REGISTRAR	20 UNDERTAKER ADDRESS LELVESSEN DESCRIPTIONS

If more bianks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or glven up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as minc, etc. It should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. tion is very important, so that the relative mealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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BINDING ESERVED a ARGIN

Very CSICIANS should OCCUPATION IS PHYSICIANS RECORD PERMANENT EXACTLY tated classified. pe S pluoda S THI proper AGE INK supplied. pe UNFADING may certificate. = carefully that 80 Jo pe back terms. pinoda HO plain instructions Information ı DEATH See 0 Item OF important. Every It 0

ARENT

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OF MOTHER (State or country

869 STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County Registration Dist. No Ilf death occurred in St: .....Ward) a hospital or institution. give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 6 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day) Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH that I last saw h (Year) (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, f day, .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? BOCCUPATION (a) Frade, profession, or parficular kind of work. (b) General nature of Industry. business, or establishment la (Duration) which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE

14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) -(Address)

REGISTRAR

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL,

(Address) Le

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State ..... yrs.

Where was disease confracted. If not at place of death?

usual residence. 19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Former or

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industry; and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," For persons "Foreman," (6)

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ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PULLPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic ample: Measles (disease causing death), 29 ds.; zer" is less definite; avoid use of "Tumor" for malkoma. Sarcoma. etc., of . mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," (name origin; "Can-The nature of the "Exhaustion,"

B. No. 1.

N. B.—Every item of information should be oarefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS

PLACE OF DEATH

810

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

٧	* FULL NAME In faut	St; Ward)  a hospital or institution give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	4 COLOR OR RACE SINGLE, MARRIED, WIOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
	ATE OF BIRTH  Jon 26, 19.1.3  (Month) (Day) (Fear)	that I last saw h alive on , 191 , 1
	Office from 1 day,hrs. ORmin.?	The CAUSE OF DEATH* was as follows:
(a) pai (b) bus whi	CCUPATION ) Trade, profession, or filcular kind of work  General nature of industry, iness, or establishmeof in ch employed (or employer)  IRTHPLACE tate or country)  10 NAME OF FATHER  11 BIRTHPLACE (State or country)  Amangue  (State or country)	Contributory (Secondary)  (Duration) yrs mos ds.  (Signed) Junio ds.  (Signed) , M.D.  127
PAR	13 BIRTHPLACE OF MOTHER (State or country) one set Co., Md.  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death
	Interment) Lexin South Forly	Former or usual residence
16 FII	ed Jan 27, 1913 Think	20 UNDERTAKER 4 DYMMAS DE AM MASS

if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, Groccry; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," 6

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BINDING RESERVED MARGIN

OCCUPATION PHYSICIANS RECORD jo Exact statement PERMANENT classified. properly supplied. pe may certificate. that 80 0 terms, uo plain Instructions 2 DEATH 9 mportant. Every Ite z

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in -Ward) a hospital or institution. give its NAME lostead Marion M. Jawes of street and number.] \* FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWED, (Month) (Day) ORDIVORGED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. OR ..... 7 BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of lodustry. business, or establishment lo which employed (or employer) ..... Contributory. State or country) (Secondary) 10 NAME OF FATHER (Signed) ... 11 BIRTHPLACE PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER ot death \_\_\_\_\_ yrs. .... mos. .. State Where was disease contracted. It not at place of death? Former or usual residence DATE OF BURIAL (Address)..... 15 Flied (2 REGISTRAR

if more blacks are ceeded, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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should be taken to report specifically the occupations duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, Women at home, who are engaged in the Never return "Laborer," If the occupation has "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing divays the same accepted term for the same disease. Examples: Corchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

childbirth or miscarriage, as "PUERPERAL scptichaegenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis uant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchonneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of \_\_ The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples: For vio-